SERFF Tracking Number: NALH-126009454 State: Arkansas State Tracking Number: Filing Company: Midland National Life Insurance Company 41408

Company Tracking Number: LS135ACV & LS135PV

TOI: L06I Individual Life - Variable Sub-TOI: L06I.002 Single Life - Flexible Premium

Product Name: LS135ACV & LS135PV

LS135ACV & LS135PV/LS135ACV & LS135PV Project Name/Number:

Filing at a Glance

Company: Midland National Life Insurance Company

Product Name: LS135ACV & LS135PV SERFF Tr Num: NALH-126009454 State: ArkansasLH TOI: L06I Individual Life - Variable SERFF Status: Closed State Tr Num: 41408

Co Tr Num: LS135ACV & LS135PV State Status: Approved-Closed Sub-TOI: L06I.002 Single Life - Flexible

Premium

Co Status: Filing Type: Form Reviewer(s): Linda Bird

> Author: Laurie Gruba Disposition Date: 02/02/2009 Date Submitted: 01/27/2009 Disposition Status: Approved

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: LS135ACV & LS135PV Status of Filing in Domicile: Pending

Project Number: LS135ACV & LS135PV Date Approved in Domicile:

Requested Filing Mode: Review & Approval Domicile Status Comments: Filing being submitted concurrently to domicile state and

current pending approval Explanation for Combination/Other: Market Type: Individual Submission Type: New Submission Group Market Size:

Overall Rate Impact: Group Market Type: Filing Status Changed: 02/02/2009 State Status Changed: 02/02/2009 Deemer Date:

Filing Description:

NAIC# 431-66044 / FEIN# 46-0164570 New Schedule Page Form No. LS135PV

Corresponding Filing Tracking Number:

Revised Schedule Page Form No. LS135ACV

Revised Rate Filing for Policy Form L13503

Company Tracking Number: LS135ACV & LS135PV

TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium

Product Name: LS135ACV & LS135PV

Project Name/Number: LS135ACV & LS135PV/LS135ACV & LS135PV

Dear Reviewer:

We are filing the above forms for your review and approval.

No part of this filing contains any unusual or possibly controversial items from normal Company or industry standards.

Policy Form L13503 was approved by your department on 04-16-2008. That filing included the following Schedule of Policy Benefits forms:

LS135CV - provides a 19 year surrender charge period

LS135DB – provides a 14 year surrender charge period

Schedule of Policy Benefits Form LS135PV is a new plan that will be available under previously approved Policy Form L135. The new plan provides the same benefits as those filed for Schedule of Policy Benefit form LS135DB, except that the new plan has a 10 year Surrender Charge Period, instead of a 14 year period and will not have an optional Premium Guarantee Rider. Attached are actuarial exhibits applicable to this plan.

For informational purposes, included in this filing is a Statement of Variability for the L13503 policy when issued with the LS135PV schedule page that provides the variable ranges and variable text for this plan.

In addition, the following rate revisions are being made:

Rate Changes for L13503 with LS135CV Schedule Page

- * Reduced Surrender Charge Period from 19 years to 14 years for new issues. Attached is Schedule of Policy Benefits Form LS135ACV that replaces the previously approved version.
- * Guaranteed per \$1,000 expense charges were not modified, but we did change the maximum length of time we would apply them to be 20 years rather than all years for new issues
- * Correction to Current COIs for both inforce and new issues

Rate Change for L13503 with LS135DB Schedule Page

Company Tracking Number: LS135ACV & LS135PV

TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium

Product Name: LS135ACV & LS135PV

Project Name/Number: LS135ACV & LS135PV/LS135ACV & LS135PV

Your review and approval of this filing, at your earliest convenience, would be appreciated. Please feel free to contact me if you have any questions regarding this filing.

Company and Contact

Filing Contact Information

Laurie Gruba, Manager, Product Filing/Ad Igruba@nacolah.com

Review

525 W. Van Buren Street (800) 800-3656 [Phone] Chicago, IL 60607 (605) 373-8632[FAX]

Filing Company Information

Midland National Life Insurance Company CoCode: 66044 State of Domicile: Iowa

525 W. Van Buren Street Group Code: 431 Company Type: Life and Annuity

Chicago, IL 60607 Group Name: State ID Number:

(800) 800-3656 ext. [Phone] FEIN Number: 46-0164570

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation: \$50 per filing

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Midland National Life Insurance Company \$50.00 01/27/2009 25322073

^{*} Correction to Current COIs for both in force and new issues

Company Tracking Number: LS135ACV & LS135PV

TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium

Product Name: LS135ACV & LS135PV

Project Name/Number: LS135ACV & LS135PV/LS135ACV & LS135PV

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	02/02/2009	02/02/2009

Company Tracking Number: LS135ACV & LS135PV

TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium

Product Name: LS135ACV & LS135PV

Project Name/Number: LS135ACV & LS135PV/LS135ACV & LS135PV

Disposition

Disposition Date: 02/02/2009

Implementation Date: Status: Approved

Comment:

Rate data does NOT apply to filing.

Company Tracking Number: LS135ACV & LS135PV

TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium

Product Name: LS135ACV & LS135PV

Project Name/Number: LS135ACV & LS135PV/LS135ACV & LS135PV

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	LS135PV Statement of Variability		Yes
Form	Schedule of Policy Benefits		Yes
Form	Schedule of Policy Benefits		Yes

Company Tracking Number: LS135ACV & LS135PV

TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium

Product Name: LS135ACV & LS135PV

Project Name/Number: LS135ACV & LS135PV/LS135ACV & LS135PV

Form Schedule

Lead Form Number: LS135ACV

Review	Form	Form Type	e Form Name	Action	Action Specific	Readability	Attachment
Status	Number				Data		
	LS135ACV	Schedule	Schedule of Policy	Initial		0	LS135ACV
		Pages	Benefits				Schedule
							Page.pdf
	LS135PV	Schedule	Schedule of Policy	Initial		0	LS135PV
		Pages	Benefits				Schedule
							Page.pdf

SCHEDULE OF POLICY BENEFITS

OWNER: [Mary Doe] **POLICY NUMBER:** [12345678910]

INSURED: [John Doe] **POLICY DATE**: [3/1/2008]

SEX: [Male] ISSUE AGE: [35]

MATURITY DATE: [3/1/2094]* **SPECIFIED AMOUNT:** \$[100,000]

PLANNED PERIODIC PREMIUM: [\$984.00 annually] PREMIUM CLASS: [Non-Tobacco]

NO LAPSE GUARANTEE PREMIUM: [\$ 56.67 monthly] NO LAPSE GUARANTEE PERIOD: Ends [3/1/2043]

BENEFICIARY: As specified in the Application unless changed as provided in this Policy

DEATH BENEFIT OPTION: [1]

MINIMUM GUARANTEED INTEREST RATE ON THE GENERAL ACCOUNT: 3.0 % PER YEAR

MAXIMUM POLICY LOAN INTEREST RATE: 8.00% PER YEAR PAYABLE IN ARREARS

INITIAL POLICY YEAR FOR ZERO COST LOANS: [6th]

MINIMUM TRANSFER AMOUNT: [\$200] MAXIMUM TRANSFER CHARGE: [\$25.00]

MAXIMUM FREE TRANSFERS: [12] PER YEAR

MINIMUM SPECIFIED AMOUNT: [\$50,000] MAXIMUM WITHDRAWAL CHARGE: [\$25.00]

MINIMUM INCREASE AMOUNT: [\$25,000] MINIMUM WITHDRAWAL AMOUNT: [\$500.00]

BASIS OF VALUES: 2001 CSO, SEX DISTINCT, COMPOSITE, AGE LAST BIRTHDAY MORTALITY TABLE

LIFE INSURANCE QUALIFICATION TEST: [GUIDELINE PREMIUM TEST]

PREMIUM LOAD: [5%] OF PREMIUMS RECEIVED IN ALL POLICY YEARS

POLICY EXPENSE CHARGE: [\$12] PER MONTH FOR [65] POLICY YEARS

UNIT EXPENSE CHARGE: [\$0.0950] PER MONTH FOR [65] POLICY YEARS**

PERCENT OF FUND CHARGE: [0.0500%] PER MONTH IN POLICY YEARS [1 THROUGH 10];

[0.0042%] PER MONTH IN POLICY YEARS [11 AND AFTER]

^{*} It is possible that coverage will lapse prior to the Maturity Date shown, if premiums paid are insufficient to continue coverage to such date.

^{**} The Unit Expense Charge may change based upon increases in the Specified Amount.

TABLE OF SURRENDER CHARGES PER \$1,000

Policy Year	Surrender Charge Factor	Policy Year	Surrender Charge Factor
1	[\$22.00	9	\$16.50
2	\$22.00	10	\$13.20
3	\$22.00	11	\$9.90
4	\$22.00	12	\$6.60
5	\$22.00	13	\$4.40
6	\$22.00	14	\$2.20
7	\$22.00	15+	\$0.00]
8	\$19.80		_

If the Waiver of Surrender Charge Option is selected, the Surrender Charges will be waived. However, if this Policy is surrendered and subsequently transferred, directly or indirectly, to another insurance company to achieve an exchange under Section 1035 of the Internal Revenue Code, We reserve the right to deduct the Surrender Charges as described in the Surrender Charge provision.

CORRIDOR PERCENTAGE TABLE

D 1' A	D (D !! A	5 (
Policy Age	Percentage	Policy Age	Percentage
[0-40	250%	60	130%
41	243%	61	128%
42	236%	62	126%
43	229%	63	124%
44	222%	64	122%
45	215%	65	120%
46	209%	66	119%
47	203%	67	118%
48	197%	68	117%
49	191%	69	116%
50	185%	70	115%
51	178%	71	113%
52	171%	72	111%
53	164%	73	109%
54	157%	74	107%
55	150%	75 – 90	105%
56	146%	91	104%
57	142%	92	103%
58	138%	93	102%
59	134%	94	101%
	/ 0	95+	100%]
		55.	100 /0]

TABLE OF GUARANTEED COST OF INSURANCE RATES MAXIMUM MONTHLY COST OF INSURANCE PER \$1,000

		. ,
Policy	MALE	FEMALE
Age	All Classes	All Classes
0	0.06	0.04
1	0.04	0.03
2	0.03	0.02
3	0.02	0.02
4	0.02	0.02
5	0.02	0.02
6	0.02	0.02
7	0.02	0.02
8	0.02	0.02
9	0.02	0.02
10	0.02	0.02
11	0.02	0.02
12	0.03	0.02
13 14	0.03	0.03 0.03
15	0.04 0.06	0.03
16	0.00	0.03
17	0.07	0.03
18	0.08	0.04
19	0.08	0.04
20	0.08	0.04
21	0.08	0.04
22	0.09	0.04
23	0.09	0.04
24	0.09	0.04
25	0.09	0.05
26	0.10	0.05
27 28	0.10	0.05
20 29	0.10 0.10	0.05 0.06
30	0.10	0.06
31	0.09	0.06
32	0.10	0.07
33	0.10	0.07
34	0.10	0.08
35	0.10	0.08
36	0.11	0.09
37	0.12	0.10
38	0.12	0.10
39	0.13	0.11
40 41	0.14	0.11
41 42	0.16 0.17	0.12 0.13
43	0.17	0.13
44	0.13	0.15
45	0.23	0.16
46	0.25	0.18
47	0.27	0.20
48	0.29	0.22
49	0.30	0.24
50	0.33	0.27

TABLE OF GUARANTEED COST OF INSURANCE RATES (continued) MAXIMUM MONTHLY COST OF INSURANCE PER \$1,000

		, ,
	MALE	FEMALE
Policy		
Age	All Classes	All Classes
51	0.36	0.30
52	0.39	0.33
53	0.44	0.37
54	0.49	0.41
55	0.54	0.45
56	0.61	0.49
57	0.66	0.54
58	0.72	0.59
59	0.72	0.64
60		
	0.87	0.70
61	0.97	0.76
62	1.09	0.82
63	1.21	0.88
64	1.35	0.96
65	1.48	1.03
66	1.62	1.12
67	1.76	1.21
68	1.92	1.32
69	2.08	1.43
70	2.27	1.57
71	2.51	1.71
72	2.79	1.88
73	3.08	2.06
74	3.39	2.25
75	3.74	2.47
76	4.13	2.70
77	4.59	2.96
78	5.12	3.25
79	5.72	3.56
80	6.39	3.95
81	7.12	4.44
82	7.90	4.95
83	8.76	5.49
84	9.73	6.10
85	10.82	6.71
86	12.03	7.44
87	13.35	8.35
88	14.78	9.32
89	16.30	10.29
90	17.84	10.99
91	19.38	11.68
92	21.01	12.85
93	22.77	14.44
94	24.65	16.49
95	26.57	18.78
96	28.47	21.09
97	30.55	22.62
98	32.82	23.45
99	35.30	25.22
100+	0.00	0.00
100+	0.00	0.00

ADDITIONAL BENEFITS PROVIDED BY ENDORSEMENT OR RIDER

DESCRIPTION OF YEARS PAYABLE/ BENEFIT UNITS ANNUAL ADDITIONAL POLICY BENEFITS EXPIRY DATE OR AMOUNT PREMIUM

[NONE]

INQUIRIES REGARDING YOUR POLICY SHOULD BE DIRECTED TO YOUR AGENT, OR, IF HE OR SHE IS NOT AVAILABLE TO OUR EXECUTIVE OFFICE AT THE FOLLOWING ADDRESS:

MIDLAND NATIONAL LIFE INSURANCE COMPANY ATTN: POLICYOWNER SERVICE ONE SAMMONS PLAZA SIOUX FALLS, SD 57193 TOLLFREE 1-800-272-1642

SCHEDULE OF POLICY BENEFITS

OWNER: [Mary Doe] POLICY NUMBER: [12345678910]

INSURED: [John Doe] POLICY DATE: [3/1/2008]

SEX: [Male] ISSUE AGE: [35]

MATURITY DATE: [3/1/2094]* **SPECIFIED AMOUNT:** \$[100,000]

PLANNED PERIODIC PREMIUM: [\$803.00 annually] PREMIUM CLASS: [Non-Tobacco]

NO LAPSE GUARANTEE PREMIUM: [\$ 41.50 monthly] NO LAPSE GUARANTEE PERIOD: Ends [3/1/2023]

BENEFICIARY: As specified in the Application unless changed as provided in this Policy

DEATH BENEFIT OPTION: [1]

MINIMUM GUARANTEED INTEREST RATE ON THE GENERAL ACCOUNT: 3.0 % PER YEAR

MAXIMUM POLICY LOAN INTEREST RATE: 8.00% PER YEAR PAYABLE IN ARREARS

INITIAL POLICY YEAR FOR ZERO COST LOANS: [6th]

MINIMUM TRANSFER AMOUNT: [\$200] MAXIMUM TRANSFER CHARGE: [\$25.00]

MAXIMUM FREE TRANSFERS: [12] PER YEAR

MINIMUM SPECIFIED AMOUNT: [\$50,000] MAXIMUM WITHDRAWAL CHARGE: [\$25.00]

MINIMUM INCREASE AMOUNT: [\$25,000] MINIMUM WITHDRAWAL AMOUNT: [\$500.00]

BASIS OF VALUES: 2001 CSO, SEX DISTINCT, COMPOSITE, AGE LAST BIRTHDAY MORTALITY TABLE.

LIFE INSURANCE QUALIFICATION TEST: [GUIDELINE PREMIUM TEST]

PREMIUM LOAD: [5%] OF PREMIUMS RECEIVED IN ALL POLICY YEARS

POLICY EXPENSE CHARGE: [\$10] PER MONTH FOR [65] POLICY YEARS

UNIT EXPENSE CHARGE: [\$0.085] PER MONTH FOR [20] POLICY YEARS**

PERCENT OF FUND CHARGE: [0.0667%] PER MONTH IN POLICY YEARS [1 THROUGH 10];

[0.0000%] PER MONTH IN POLICY YEARS [11 AND AFTER]

^{*} It is possible that coverage will lapse prior to the Maturity Date shown, if premiums paid are insufficient to continue coverage to such date.

^{**} The Unit Expense Charge may change based upon increases in the Specified Amount.

TABLE OF SURRENDER CHARGES PER \$1,000

Policy Year	Surrender Charge Factor	Policy Year	Surrender Charge Factor
1	[\$19.50	7	\$15.60
2	\$19.50	8	\$11.70
3	\$19.50	9	\$7.80
4	\$19.50	10	\$3.90
5	\$19.50	11+	\$0.00
6	\$19.50		

CORRIDOR PERCENTAGE TABLE

Policy Age	Percentage	Policy Age	Percentage
[0-40	250%	60	130%
41	243%	61	128%
42	236%	62	126%
43	229%	63	124%
44	222%	64	122%
45	215%	65	120%
46	209%	66	119%
47	203%	67	118%
48	197%	68	117%
49	191%	69	116%
50	185%	70	115%
51	178%	71	113%
52	171%	72	111%
53	164%	73	109%
54	157%	74	107%
55	150%	75 – 90	105%
56	146%	91	104%
57	142%	92	103%
58	138%	93	102%
59	134%	94	101%
		95+	100%]

TABLE OF GUARANTEED COST OF INSURANCE RATES MAXIMUM MONTHLY COST OF INSURANCE PER \$1,000

	MALE	FEMALE
Policy	IVIALL	ILIVIALL
Age	All Classes	All Classes
0	0.06	0.04
1	0.04	0.03
2	0.03	0.02
3	0.02	0.02
4	0.02	0.02
5	0.02	0.02
6 7	0.02	0.02
8	0.02 0.02	0.02 0.02
9	0.02	0.02
10	0.02	0.02
11	0.02	0.02
12	0.03	0.02
13	0.03	0.03
14	0.04	0.03
15	0.06	0.03
16	0.07	0.03
17	0.07	0.03
18 10	0.08	0.04
19 20	0.08 0.08	0.04 0.04
21	0.08	0.04
22	0.09	0.04
23	0.09	0.04
24	0.09	0.04
25	0.09	0.05
26	0.10	0.05
27	0.10	0.05
28	0.10	0.05
29 30	0.10 0.10	0.06 0.06
31	0.10	0.06
32	0.10	0.07
33	0.10	0.07
34	0.10	0.08
35	0.10	0.08
36	0.11	0.09
37	0.12	0.10
38	0.12	0.10
39	0.13	0.11
40 41	0.14 0.16	0.11 0.12
42	0.16	0.12
43	0.17	0.13
44	0.13	0.15
45	0.23	0.16
46	0.25	0.18
47	0.27	0.20
48	0.29	0.22
49	0.30	0.24
50	0.33	0.27

TABLE OF GUARANTEED COST OF INSURANCE RATES (continued) MAXIMUM MONTHLY COST OF INSURANCE PER \$1,000

_		,
	MALE	FEMALE
Policy		
Age	All Classes	All Classes
51	0.36	0.30
52	0.39	0.33
53	0.44	0.37
54	0.49	0.41
55	0.54	0.45
56	0.61	0.49
57	0.66	0.54
58	0.72	0.59
59	0.79	0.64
60	0.87	0.70
61	0.97	0.76
62	1.09	0.82
63	1.21	0.88
64	1.35	0.96
65	1.48	1.03
66	1.62	1.12
67	1.76	1.21
68	1.92	1.32
69	2.08	1.43
70	2.27	1.57
71	2.51	1.71
72	2.79	1.88
73	3.08	2.06
73 74	3.39	2.25
75	3.74	2.47
76	4.13	2.70
70 77	4.13	2.70
78	5.12	3.25
78 79	5.72	3.56
80	6.39	3.95
81	7.12	3.93 4.44
82	7.12	4.44
		5.49
83 84	8.76 9.73	6.10
85	10.82	6.71
86	12.03	7.44
87	13.35	8.35
88	14.78	9.32
89	16.30	10.29
90	17.84	10.29
90 91	19.38	11.68
92	21.01	12.85
93	22.77	14.44
93 94		16.49
94 95	24.65 26.57	18.78
95 96	28.47	21.09
96 97	20.47 30.55	21.09
97 98	30.55 32.82	22.62 23.45
	32.82 35.30	25.45 25.22
99 100 i		
100+	0.00	0.00

SCHEDULE OF POLICY BENEFITS (CONTINUED) ADDITIONAL BENEFITS PROVIDED BY ENDORSEMENT OR RIDER

DESCRIPTION OF YEARS PAYABLE/ BENEFIT UNITS ANNUAL ADDITIONAL POLICY BENEFITS EXPIRY DATE OR AMOUNT PREMIUM

[NONE]

INQUIRIES REGARDING YOUR POLICY SHOULD BE DIRECTED TO YOUR AGENT, OR, IF HE OR SHE IS NOT AVAILABLE TO OUR EXECUTIVE OFFICE AT THE FOLLOWING ADDRESS:

MIDLAND NATIONAL LIFE INSURANCE COMPANY ATTN: POLICYOWNER SERVICE ONE SAMMONS PLAZA SIOUX FALLS, SD 57193 TOLLFREE 1-800-272-1642

Company Tracking Number: LS135ACV & LS135PV

TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium

Product Name: LS135ACV & LS135PV

Project Name/Number: LS135ACV & LS135PV/LS135ACV & LS135PV

Rate Information

Rate data does NOT apply to filing.

Company Tracking Number: LS135ACV & LS135PV

TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium

Product Name: LS135ACV & LS135PV

Project Name/Number: LS135ACV & LS135PV/LS135ACV & LS135PV

Supporting Document Schedules

Review Status:

Satisfied -Name: LS135PV Statement of Variability 01/27/2009

Comments: Attachment:

Stmnt of Variability LS135PV.pdf

With the exception of the variables specific to the individual policyholder, the following is a list of bracketed items and the corresponding range of text and/or values. Some of the items are bracketed for future flexibility.

Statement of Variability - Policy Form L135 with LS135PV Schedule Page

Bracketed Item	Variable Text/Range
Premium Class	Preferred Plus, Preferred Non-Tobacco, Non-Tobacco, Preferred Tobacco, and Tobacco
Death Benefit Option	1 (Level), 2 (Increasing)
Policy Expense Charge	\$0 - \$10 per month for 0-100 policy years (length varies by issue age)
Unit Expense Charge	\$0 - \$2.00 per month for 0-100 policy years (varies by issue age, band and Premium Class)
Premium Load	0% - 5% of premiums received for All policy years
Percent of Fund Charge	0.0% to 0.067% Per Month in all policy years
Initial Policy Year for Zero Cost Loans	0-10
Minimum Specified Amount	\$50,000
Minimum Increase Amount	\$10,000 - \$25,000
Maximum Withdrawal Charge	\$0 - \$25
Minimum Withdrawal Amount	\$100 - \$1000
Life Insurance Qualification Test	Guideline Premium Test or Cash Value Accumulation Test
Maximum Free Transfers	12 to unlimited
Minimum Transfer Amount	\$200 to \$500
Maximum Transfer Charge:	\$25 to \$50
Surrender Charges	Varies by Sex, Issue Age, Policy Year